

## California Department of Fish & Game

## Partner and Volunteer One-time Event Roster Aquatic Education - F49



Event Name: Date:

Name	Address	Phone	time	time	total	
Printed and signiture		email	in	out	hrs	
		I	<u> </u>			
			·			
*Lunderstand the conditions of m	v volunteer activities & duties identified in the Volun	teer Services Agreement and the O	ath of Allegi	ance.		
*I understand the conditions of my volunteer activities & duties identified in the Volunteer Services Agreement and the Oath of Allegiance.						
For Official Use Only						

Federal Aid Job# (if in-kind match):	For Official Use Only Total Volunteer Hours	x Hourly Equivalent= \$	Total In-kind Value
	Volunteer Coordinator Signature		Print name and title